UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
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SUBJECT: Risk-Based Concentration Table

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TO: RBC Table Users

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Attached is the EPA Region III Risk-Based Concentration (RBC) Table, which we prepare and post periodically for all interested parties. The Table's current web address is http://www.epa.gov/reg3hwmd/risk/index.htm

For questions about the Table, please consult this memo, especially the Special Notes and Frequently Asked Questions. You can also consult the RBC Table companion documents that are posted on the website. If you don't find the answer there, and your question is about risk assessment or the science behind the RBCs, you can reach me at hubbard.jennifer@epa.gov or 215-814-3328. For technical difficulties in reading, displaying, or downloading the table from the web, please contact piernock.andrea@epa.gov

CONTENTS, USES, AND LIMITATIONS OF THE RBC TABLE

The RBC Table contains Reference Doses (RfDs) and Cancer Slope Factors (CSFs) for 400-500 chemicals. These toxicity factors have been combined with "standard" exposure scenarios to calculate RBCs--chemical concentrations corresponding to fixed levels of risk (i.e., a Hazard Quotient (HQ) of 1, or lifetime cancer risk of 1E-6, whichever occurs at a lower concentration) in water, air, fish tissue, and soil.

The Region III toxicologists use RBCs to screen sites not yet on the NPL, respond rapidly to citizen inquiries, and spot-check formal baseline risk assessments. The primary use of RBCs is for chemical screening during baseline risk assessment (see EPA Regional Guidance EPA/903/R-93-001, "Selecting Exposure Routes and Contaminants of Concern by Risk-Based Screening"). The exposure equations come from EPA's Risk Assessment Guidance for Superfund (RAGS), while the exposure factors are those recommended in RAGS or supplemental guidance from the Superfund program. The attached technical background document provides specific equations and assumptions. Simply put, RBCs are like risk assessments run in reverse. For a single contaminant in a single medium, under standard default exposure assumptions, the RBC corresponds to the target risk or hazard quotient.

RBCs also have several important limitations. Specifically excluded from consideration are (1) transfers from soil to air, (2) cumulative risk from multiple contaminants or media, and (3) dermal risk. Additionally, the risks for inhalation of vapors from water are based on a very simple model, whereas detailed risk assessments may use more detailed showering models. Many RBCs are also based on adult risks. For more information about children's risks, see the Technical Background Document and Frequently Asked Question #12. Furthermore, the toxicity information in the Table has been assembled by hand and (despite extensive checking and years of use) may contain errors. It's advisable to cross-check before relying on any RfDs or CSFs in the Table. If you note any errors, please let us know.

It is important to note that, at this time, the Table uses inhalation RfDs and CSFs rather than RfCs (Reference Concentrations) and inhalation unit cancer risks. This is because the latter factors incorporate exposure assumptions and therefore can only be used for one exposure scenario. Because risk assessors need to evaluate risks for many types of scenarios, the factors have been converted to the more traditional RfDs and CSFs. Unless otherwise indicated in the toxicity-factor source, the assumption is that RfCs and unit risks should be adjusted by a 70-kilogram body weight and a 20 m^3/day inhalation rate to generate the RfDs and CSFs. For adults, the use of an inhalation RfD vs. an RfC does not typically change the risk estimate significantly.

Many users want to know if the RBCs can be used as valid no-action levels or cleanup levels, especially for soils. The answer is a bit complex. First, it is important to realize that the RBC Table does not constitute regulation or guidance, and should not be viewed as a substitute for a site-specific risk assessment. For sites where:

1. A single medium is contaminated;

2. A single contaminant contributes nearly all the health risk;

3. Volatilization, dermal contact, and other pathways not included in the RBCs are not expected to be significant;

4. The exposure scenarios and assumptions used in the RBC table are appropriate for the site;

5. The fixed risk levels used in the RBC table are appropriate for the site; and

6. Risk to ecological receptors is not expected to be significant;

the RBCs would probably be protective as no-action levels or cleanup goals. However, to the extent that a site deviates from this description, as most do, the RBCs would not necessarily be appropriate.

To summarize, the Table should generally not be used to set cleanup or no-action levels at CERCLA sites or RCRA Corrective Action sites, to substitute for EPA guidance for preparing

baseline risk assessments, or to determine if a waste is hazardous under RCRA.

SPECIAL NOTES

The RBC Table was originally developed by Roy L. Smith, Ph.D., for use by risk assessors in the Region III Superfund program. Dr. Smith is no longer with Region III, and the Table continues to evolve. You may notice some modifications of formatting and conventions used in the Table.

For instance, besides formatting, the following changes are noteworthy:

As usual, updated toxicity factors have been used wherever available. However, because IRIS and provisional values are updated more frequently than the RBC Table, RBC Table users are ultimately responsible for obtaining the most up-to-date values. The RBC Table is provided as a convenience, but toxicity factors are compiled from the original sources and it is those original sources that should serve as the definitive reference.

Certain outdated and withdrawn numbers have been removed from the Table.

Changes to the table since the last semi-annual version have been marked with asterisks (**). Changes may involve a corrected CAS number or a correction in the VOC status, a change in the SSL, or changes of RfDs and CSFs.

RBCs are not rounded to 1E6 ppm, as they were in some earlier versions of the Table. For certain low-toxicity chemicals, the RBCs exceed possible concentrations at the target risks. In such cases, Dr. Smith rounded these numbers to the highest possible concentration, or 1E6 ppm. This type of truncation has been discontinued so that Table users can adjust the RBCs to a different target risk whenever necessary. For example, when screening chemicals at a target HQ of 0.1, noncarcinogenic RBCs may simply be divided by 10. Such scaling is not possible when RBCs are rounded. Users who are interested in truncation can also consult the Soil Screening Guidance for a discussion of "Csat," the saturation concentration.

This Table was originally compiled to assist Superfund risk assessors in screening hazardous waste sites. The large number of chemicals made the Table unwieldy and difficult to keep current. Many of the chemicals did not typically (or even occasionally) appear at Superfund sites. Starting with the April 1998 version of the Table, the 600+ chemicals were reduced to some 400-500 chemicals by eliminating many of those atypical chemicals. Through time, the Table may continue to grow or decrease in size.

At Region III Superfund sites, noncancer RBCs are typically adjusted downward to correspond to a target HQ of 0.1 rather than 1. (This is done to ensure that chemicals with additive effects are not prematurely eliminated during screening. Note that the RBCs displayed on the table are shown at an HQ of 1; to arrive at the RBC at 0.1, data users

must do the conversion themselves.) However, some chemicals have RBCs at HQs of 0.1 that are lower than their RBCs at 1E-6 cancer risk. In other words, the screening RBC would change from carcinogenic to noncarcinogenic. A feature of this Table is that these chemicals are now flagged with a "!" symbol. Therefore, assessors screening with adjusted RBCs will be alerted to this situation. See the companion attachment to the RBC Table, "Alternate RBCs," for alternate values for "!" RBCs.

Earlier versions of this Table included a substitution of inhalation toxicity factors for oral factors whenever oral factors were unavailable (this applied only to groundwater and air, but not soil or fish). This practice was discontinued in order to minimize the uncertainty associated with such a conversion. The discontinuation of this practice did not significantly decrease the number of available RBCs.

The criterion for "VOC status" is in accordance with RAGS Part B: chemicals with Henry's Law constants greater than 1E-5 and molecular weight less than 200 are now marked as VOCs. This increases consistency with the national guidance and with other EPA regions that use risk-based screening numbers.

Earlier versions of this Table included soil screening levels (SSLs), when those values were available in draft form. Since the finalization of the SSL Guidance, risk assessors are urged to consult the final SSL Guidance directly. However, for generic use in Region III, the table now contains soil-to-groundwater SSLs in accordance with the new guidance. For more information, see the Region III memo on SSLs, or consult the national SSL guidance directly (Soil Screening Guidance: User's Guide, April 1996, Publication 9355.4-23; and Soil Screening Guidance: Technical Background Document, May 1996; EPA/540/R-95/128).

You may notice there are now two rows for uranium, one reflecting the IRIS (EPA consensus) value and the other reflecting a more recent, but provisional value. Region III has shown both on this table, rather than choosing one over the other, to give Table users as much information as possible.

Vinyl chloride is handled differently from most other chemicals because of the unique aspects of its slope factor derivation. Readers are referred to the memo, "Derivation of Vinyl Chloride RBCs," which is a companion document to this RBC Table.

FREQUENTLY ASKED QUESTIONS

To help you better understand the RBC Table, here are answers to our most often-asked questions:

1. How can the age-adjusted inhalation factor (11.66) be less than the inhalation rate for either a child (12) or an adult (20)?

Age-adjusted factors are not intake rates, but rather partial calculations which have different units from intake rates. (Therefore, they are not directly comparable.) The fact that these partial calculations have values similar to intake rates is really coincidental, an artifact of the similar magnitude of years of exposure and time-averaged body weight.

2. For manganese, IRIS shows an oral RfD of 0.14 mg/kg/day, but the RBC Table uses 2E-2 mg/kg/day. Why?

   The IRIS RfD includes manganese from all sources, including diet. The explanatory text in IRIS recommends using a modifying factor of 3 when calculating risks associated with non-food sources, and the Table follows this recommendation. IRIS also recommends subtracting dietary exposure (default assumption in this case 5 mg). Thus, the IRIS RfD has been lowered by a factor of 2 x 3, or 6. The Table now reflects manganese RBCs for both "food" and "non-food" (most environmental) sources.

3. What is the source of the child's inhalation rate of 12 m^3/day?

   The calculation comes from basic physiology. It's a scaling of the mass-specific 20 m^3/day rate for adults from a body mass of 70 kg to 15 kg, using the 2/3 power of mass, as follows:

   Ircm = mass-specific child inhalation rate (m^3/kg/day)
   Irc = child inhalation rate (m^3/day)

   20 m^3/day / 70 kg = 0.286 m^3/kg/day (mass-specific adult inhalation rate)

   0.286 m^3/kg/day x ($70^{0.67}$) = (Ircm) x ($15^{0.67}$)

   Ircm = 0.803 m^3/kg/day

   Irc = Ircm x 15 kg = 0.803 m^3/kg/day x 15 kg = 12.04 m^3/day

4. Can the oral RfDs in the RBC Table be applied to dermal exposure?

   Not directly. Oral RfDs are usually based on administered dose and therefore tacitly include a GI absorption factor. Thus, any use of oral RfDs (or CSFs) in dermal risk calculations should involve removing this absorption factor. Consult the Risk Assessment Guidance for Superfund, Part A, Appendix A, for further details on how to do this.

5. The exposure variables table in the RBC background document lists the averaging time for non-carcinogens as "ED*365." What does that mean?

   ED is exposure duration, in years, and * is the computer-ese symbol for multiplication.

Multiplying ED by 365 simply converts the duration to days. In fact, the ED term is included in both the numerator and denominator of the RBC algorithms for non-cancer risk, canceling it altogether. See RAGS for more information.

6. Why is inorganic lead not included in the RBC Table?

EPA has no consensus RfD or CSF for inorganic lead, so it is not possible to calculate RBCs as we have done for other chemicals. EPA considers lead to be a special case because of the difficulty in identifying the classic "threshold" needed to develop an RfD.

EPA therefore evaluates lead exposure by using blood-lead modeling, such as the Integrated Exposure-Uptake Biokinetic Model (IEUBK). The EPA Office of Solid Waste has also released a detailed directive on risk assessment and cleanup of residential soil lead. The directive recommends that soil lead levels less than 400 mg/kg are generally safe for residential use. Above that level, the document suggests collecting data and modeling blood-lead levels with the IEUBK model. For the purposes of screening, therefore, 400 mg/kg is recommended for residential soils. For water, we suggest 15 ug/l (the EPA Action Level in water), and for air, the National Ambient Air Quality Standard. However, caution should be used when both water and soil are being assessed. The IEUBK model shows that, if the average soil concentration is 400 mg/kg, an average tap water concentration above 5 ug/L would yield more than 5% of the population above a 10 ug/dL blood-lead level. If the average tap water concentration is 15 ug/L, an average soil concentration greater than 250 mg/kg would yield more than 5% of the population above a 10 ug/dL blood-lead level.

7. Where did the CSFs for carcinogenic PAHs come from?

The PAH CSFs are all calculated relative to benzo[a]pyrene, which has an IRIS slope factor. The relative factors for the other PAHs can be found in "Provisional Guidance for Quantitative Risk Assessment of Polycyclic Aromatic Hydrocarbons," Final Draft, ECAO-CIN-842 (March, 1993).

8. May I please have a copy of a previous RBC Table?

We do not distribute outdated copies of the RBC Table. Each new version of the Table supersedes all previous versions.

9. Please elaborate on the meaning of the "W" source code in the Table.

The "W" code means that a RfD or CSF is currently not present on either IRIS or HEAST, but that it was once present on either IRIS or HEAST and was removed. Such withdrawal usually indicates that consensus on the number no longer exists among EPA scientists, but not that EPA believes the contaminant to be unimportant.

Withdrawn numbers are shown in the Table because we still need to deal with these

contaminants during the long delays before replacement numbers are ready. For the purpose of screening, a "W" value is similar to a provisional value in that neither value has achieved Agency consensus. The "W" code should serve as a clear warning that before making any serious decision involving that contaminant, you will need to develop an interim value based on current scientific understanding.

If you are assessing risks at a site where a major contaminant is coded "W," consider working with your Regional EPA risk assessor to develop a current toxicity constant. If the site is being studied under CERCLA, the EPA-NCEA Regional Technical Support group may be able to assist.

10. Can I get copies of supporting documents for interim toxicity constants which are coded "E" in the RBC Table?

Unfortunately, Region 3 does not have a complete set of supporting documents. The EPA-NCEA Superfund Technical Support Center prepares these interim toxicity constants in response to site-specific requests from Regional risk assessors, and sends the documentation only to the requestor. The RBC Tables contain only the latest interim values that we've either requested or have otherwise received. NCEA maintains the master data base of these chemicals, but will not release documentation of provisional values unless they are recent. Furthermore, since NCEA's Superfund Technical Support Center is mainly for the support of Superfund, it usually cannot develop new criteria unless authorized to do so for a specific Superfund project.

If an "E"-coded contaminant is a chemical of potential concern at your site, we urge you to work with the EPA Regional risk assessor assigned to the project in order to develop or obtain documentation for provisional values. EPA Region 3 furnishes documents only when needed to support Regional risk assessments or recommendations.

11. Why is there no oral RfD for mercury? How should I handle mercury?

IRIS gives oral RfDs for mercuric chloride and for methylmercury, but not for elemental mercury. Therefore, the RBC Table reflects this primary source. Consult your toxicologist to determine which of the available mercury numbers is suitable for the conditions at your site (e.g., whether mercury is likely to be organic or inorganic.)

12. How are children's risks considered?

The RBCs were examined in 2001 to determine whether the child receptor would be expected to be more sensitive. Because most carcinogenic RBCs already include the child lifetime segment, and worker RBCs do not need to include the child, this assessment focused on non-cancer RBCs for water, air, and fish. (Residential soil non-cancer RBCs already are based on children's exposure.)

For tap water RBCs, 212 chemicals (out of about 450) had child RBCs that would be

lower than adult RBCs. In all cases but one, the difference was a factor of 2.3. The single exception involved a factor of 1.24. For air RBCs, 306 chemicals had child RBCs that would be lower than adult RBCs. In all cases the difference was a factor of 2.8. (This also applies only to the use of inhalation RfDs, not RfCs.) For fish RBCs, 286 chemicals had child RBCs that would be lower than adult RBCs. In all cases but one, the difference was a factor of 2.3. The single exception involved a factor of 1.11.

Therefore, child users could possibly have lower noncancer RBCs, but the factor is less than 3. Users of the RBC table should be aware of this issue in case they wish to consider the child receptor beyond the current standard RBCs. (Note that Region III guidance instructs users to include a tenfold screening factor for non-carcinogens when preparing a Region III risk assessment, for reasons of additivity.)

This FAQ response addresses only the differences in exposure factors between children and adults. Age-based differences in toxicity have not yet been defined for most chemicals. (There are rare exceptions, such as vinyl chloride and nitrate. Note that the child is more sensitive to nitrate, and this may need to be considered when assessing site-specific nitrate risk.)

13. The cadmium numbers are labeled "food" and "water." Which do I use if I have another medium, such as soil?

The cadmium RfDs on IRIS are based on the same study. The food RfD incorporates a 2.5% absorption adjustment; the water RfD incorporates a 5% absorption adjustment. For another medium such as soil, the risk assessor should choose the number whose absorption factor most closely matches the expected conditions at the site. For example, if the expected absorption of cadmium from soil is 3%, the food-based number would be a good approximation.

14. The slope factors for TCE and benzene are actually ranges, yet the RBC table shows only a single number. Which number was chosen and why?

For both chemicals, the upper end of the slope factor range was chosen. This is because the RBC Table is a screening tool, and the consequences of screening out a chemical that could pose a significant risk are more serious than the consequences of carrying the chemical through to the next step of the risk assessment. (At each step of the risk assessment, the risk is further refined using site-specific analysis. Chemicals can always be eliminated from the risk assessment at a later step than the initial screening, if appropriate.)